

## NEVADA DEPARTMENT OF AGRICULTURE GROUND LICENSE APPLICATION



1.	Applicant	(Last Name)	(First Name)	(Mid	dle Initial)
	Mailing Addross				
	Mailing Address_	(Street or P.O. Box)	(City)	(Sta	te) (Zip)
	Home Telephone				
2.	Employer				
3.	Previous Employe	r			
4.		Principal			L
5.		license in the state( k in the following cat			
	CHECK CATEGOR			DEPARTMENTA:	
6.		GROUND PEST CONTR	OL	Date Passed:	
	☐ 1. INSECTICIE	ES			
	☐ 2 HERBICIDES				
		AND DEFOLIANTS			
	☐ 4. FUNGICIDES	AND BACTERICIDES			
		ES			
	C. URBAN AND STI	RUCTURAL PEST CONTR	ROL		
	☐ 1. ORNAMENTAL	AND TURF			
	☐ 2. INDUSTRIAL	AND INSTITUTIONAL		·	
	☐ 3. STRUCTURAI				
		·			
	☐ 5. AQUATIC				
	☐ 6. RIGHT-OF-W	AY			
	☐ 7. PRESERVATI	ON OF WOOD		·	
,	TENED AT				
Ì	JENEKAL			<u></u>	
7					
	(Applicant	's Signature)	(Dat	e )	
		rimary Principal or Pr lication, and requests 31, 20			
_	(Primary Principal's	or Principal's Signature)		(Date)	
	350 Capit	ol Hill Ave, Reno, NV 89502	-2923 Phone (775)6	88-1182, FAX (775)6	88-2936
DEPAI	RTMENTAL USE ONLY	-			

## CHILD SUPPORT INFORMATION

Each pest control license applicant **must** check  $\boxtimes$  the appropriate response below. Failure to check one of the three boxes below, or failure to provide your social security number or failure to sign and date the application, will result in the automatic denial of your license application. (NRS 555.290, 555.325)!

		I am not subject to a court order for the support of a child.			
		I am subject to a court order for the support of one or more children and am in compliance with the order, or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; $\underline{OR}$			
		I am subject to a court order for the support of one or more children and am $\underline{not}$ in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.			
CEU:	EU: STATEMENT FOR 20 (NAC.555.372)				
		New license for the first time or amending an active license.			
		Reinstatement of a 20 (current year)license (rehire / transfer).			
		Reinstatement of a $20_{}$ (last year) or $20_{}$ (two years ago)license (proof of 6 CEU's required).			
		I have acquired the minimum number of CEU's necessary to reinstate my Nevada pest control license.			
Appli	cant's	Social Security number:			
		Signature of Applicant			

Date